

South Carolina AIDS Drug Assistance Program

Income Statement for Undocumented Persons Living in South Carolina

I, _____, declare that I receive income in the amount of
\$_____ weekly/monthly (circle one) from _____
company.

My housing is provided by _____.

Please list any other support you receive/earn to meet your daily needs _____

_____.

In the future, should my income change, I understand that I must notify SC
ADAP immediately. Also, I understand I will be notified by SC ADAP staff if
changes in my income affect my SC ADAP eligibility.

By signing this form, I affirm that the above information is an accurate statement
of income or assistance being provided by/to the applicant. I understand that if I
deliberately omit or give false information that I may be removed from the
program.

Client Signature / Date

Provider Signature / Date

Witness (if client is unable to sign)

Provider Organization